

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr Eduardo
Eddie Holguin Jr.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

P.O. Box 17641
El Paso, TX 79917

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Liana
Holguin N.

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

501 Nevada, El Paso TX 79902

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

7 / 16 / 05 THROUGH 1 / 15 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

Rep. District #6

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Eddie Holguin Jr

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

05 JAN 17 PM 12:15
CLERK DEPT.

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1900

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 242.01

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

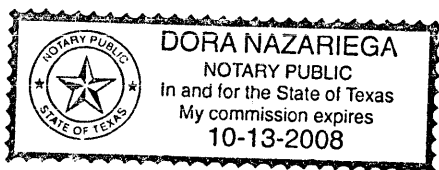
\$ 1657.99

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Eddie Holguin Jr

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eddie Holguin Jr, this the 17th day of January, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME Eddie Holguin Jr. | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/16/05 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Bowling | 7 Amount of contribution (\$) \$500 | 8 In-kind contribution description (if applicable) CITY CLERK DEPT. 06/20/17 PM 12:15 |
| 6 Contributor address; City; State; Zip Code PO BOX 4136 El Paso TX 79914 | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 7/16/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Fong | Amount of contribution (\$) \$200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 7/16/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Conrad + Rebecca Conde | Amount of contribution (\$) \$200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3117 Devils Tower El Paso TX 79904 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 7/16/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joanne Bowling | Amount of contribution (\$) \$500 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6705 Pear Ridge El Paso TX 79912 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/22/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Terrell | Amount of contribution (\$) \$200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 34 Gelo Vista Anthony, NM 88021 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME Eddie Holguin Jr. | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 11/22/05 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randy Kuykendall | 7 Amount of contribution (\$) 4200 | 8 In-kind contribution description (if applicable) CITY CLERK DEPT. 06 JAN 17 10:12:15 |
| 6 Contributor address; City; State; Zip Code 10225 Buckwood El Paso, TX 79925 | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 11/23/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allan Sharpe | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 501 Trail End Ct. El Paso, TX 79932 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL EXPENDITURES**SCHEDULE F**

| | | | |
|---|---------------------------------------|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: <u>1</u> | |
| 2 FILER NAME <u>Eddie Holguin Jr.</u> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <u>8/8/05</u> | 5 Payee name <u>Ileana Holguin</u> | 7 Amount (\$) <u>211.16</u> | |
| 6 Payee address; City; State; Zip Code <u>P.O. Box 17641</u> <u>El Paso TX 79917</u> | | CITY CLERK DEPT. 06 JAN 17 PM 12:12 | |
| 8 Purpose of payment (See instructions regarding type of information required.) <u>reimbursement for office supplies</u> | | | |
| 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____ | | | |
| Date <u>9/28/05</u> | Payee name <u>Wal-Mart</u> | Amount (\$) <u>30.85</u> | |
| Payee address; City; State; Zip Code <u>El Paso TX, 79907</u> | | | |
| Purpose of payment (See instructions regarding type of information required.) <u>volunteer appreciation party supplies.</u> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date | Payee name | Amount (\$) | |
| Payee address; City; State; Zip Code | | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date | Payee name | Amount (\$) | |
| Payee address; City; State; Zip Code | | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____ | |

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